

05/28/2002 16:58 FAX 804 520 3568

HONEYWELL LAW DEPT.

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FAX TRANSMISSION – Law Department

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Colonial Heights, VA 23834

FAXED

Date: 5/28/02
of Pages: 7
(including cover)

- ☐ Urgent
☐ Please Review
☐ Reply ASAP

To: Examiner N. Eloschway - *Correction*
Company: USPTO
Fax #: 703-305-3579
Phone #:
From: Virginia Szigeti (Andrews)
Fax #: 804-520-3568
Phone #: 804-520-3651

(Call if you did not receive all pages, or if document is illegible)

MESSAGE:

GROUP ART UNIT: ~~4748~~ 3727
SERIAL NO.: ~~08/637,461~~ 08/533,589
FILED: ~~March 27, 2000~~ Sept. 25, 1995
ATTORNEY DOCKET NO.: ~~82-2829~~ 30-3744CPA

CORRECTION

I hereby certify that this correspondence is being sent via facsimile 703-305-3579 to Examiner Niki Eloschway, on May 28, 2002.

ENCLOSURES: Amendment Transmittal Letter, Amendment

Virginia Szigeti (Andrews)

Virginia Szigeti (Andrews)
Reg. No. 29,039

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GROUP 3/00

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AMENDMENT TRANSMITTAL LETTER				ATTORNEY'S DOCKET NO.: 30-3744CPA		
SERIAL NUMBER: 08/533,589	FILING DATE: September 25, 1995	EXAMINER: N. Elishway	GROUP ART UNIT: 3727			
INVENTION: BLAST RESISTANT AND BLAST DIRECTING CONTAINERS AND METHODS OF MAKING						
INVENTOR(s): Igor Palley et al.						
TO THE ASSISTANT COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.						
CLAIMS AS AMENDED						
(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) NO. OF EXTRA CLAIMS PRESENT	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	56	MINUS	117		X \$18	0
INDEP. CLAIMS	5	MINUS	11	0	X \$84	0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						0
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p><input checked="" type="checkbox"/> No additional fee is required.</p> <p><input type="checkbox"/> Charge \$ _____ to Deposit Account No. _____. A triplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The undersigned petitions for any extension of time for filing this document required under 37 C.F.R. 1.136 and requests that the \$ _____ fee be charged to Deposit Account No. _____. A triplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Charge any additional fees to Deposit Account No. 01-1125</p>						
May 28, 2002 Date			<i>Virginia Szigeti (Andrews)</i> Signature			
804-520-3651 Phone			Virginia Szigeti (Andrews) Attorney Name			
			29,039 Reg. Number			
I hereby certify that this correspondence is being sent via facsimile 703-305-3579 to Examiner Niki Elishway, on May 28, 2002.						
			<i>Virginia Szigeti (Andrews)</i> Signature			
			Virginia Szigeti (Andrews) Attorney of Record			
			May 28, 2002 (Date)			

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